

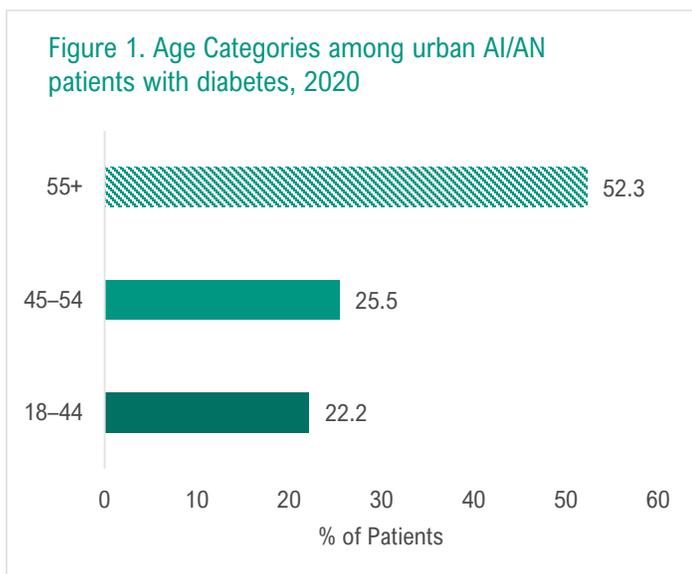
Urban Diabetes Care and Outcomes

Audit Summary Brief, 2020

Background

In 1997, the U.S. Congress created the Special Diabetes Program for Indians (SDPI) to respond to the growing burden of type 2 diabetes in American Indians and Alaska Natives (AI/ANs).¹ SDPI supports culturally adapted and community-directed approaches to diabetes prevention, including funding the Urban Diabetes Care & Outcomes Dashboard, Audit Years 2016–2020, referred to here as the 2020 Urban Diabetes Audit.

Since 2009, Urban Indian Health Institute has analyzed diabetes data from 30 Urban Indian Organizations (UIOs; Map 1). The number of UIOs included in each year's Audit changes from year to year, and primary data is compiled annually by the Indian Health Service (IHS). The purpose of the report is to present a comprehensive picture of diabetes in urban AI/AN communities and the care provided around diabetes, highlighting key findings and recommendations.



Key findings and trends

In 2020, 2,047 urban AI/AN patients with diabetes were audited across 27 UIOs. This comprises 73.4% of all urban AI/AN patients with diabetes in the IHS Diabetes registry. Figure 1 shows that over half (52.3%) of patients audited were 55 years of age and older. In addition, 61.4% of patients audited were female, and 98.7% of patients audited had type 2 diabetes. The average patient's duration of diabetes (time lived with a diabetes diagnosis) was 10.0 years in 2020.

The key findings and trends below apply to urban AI/AN patients with diabetes in 2020 and across the 2016–2020 period. They are green if they represent a positive health outcome.

Key findings, 2020

- 69.7% of patients had an estimated glomerular filtration rate (eGFR) of 60 mL/min/1.7m² or higher, indicative of no chronic kidney disease.
- 72.0% of patients had good blood pressure levels, meeting the 2020 IHS Government Performance and Results Act (GPRA) target of 60.5%.
- 69.8% of patients received education on diabetes topics other than nutrition and physical activity such as blood glucose monitoring, medication taking, and healthy coping.
- 91.4% of patients were screened for commercial tobacco use, and 70.6% of active users were referred to cessation counseling.
- 73.7% of patients had an unknown tuberculosis (TB) status, and an additional 4.5% had an outdated TB status or unknown date of TB status.
- 41.5% of patients with diabetes received an annual eye exam, which did not meet the 2020 IHS GPRA target of 48.1%.

Key trends, 2016–2020

- Patients with a healthy LDL value of less than 100
- Statin use among patients with cardiovascular disease or who are 40–75 years of age
- Patients who received the hepatitis B vaccine
- Patients currently using commercial tobacco
- Patients with an eGFR value of less than 15 mL/min/1.7m², indicating end stage renal disease
- Proportion of patients aged 55 years or older
- Patients with a urine-albumin-to-creatinine ration (UACR) value of less than 30
- Patients receiving both eGFR and UACR assessments
- Patients who had diabetes for 5–9 years

Recommendations

Key findings and trends illuminate opportunities to strengthen collaboration and communication across the field of diabetes care for urban AI/AN patients. The following recommendations can support UIOs in achieving success in diabetes care and prevention and improve the health and well-being of urban AI/AN patients.

1. PROGRAMMATIC

Consider the unique medical needs of Elders when designing culturally and developmentally appropriate diabetes programs.

2. RESEARCH

Utilize indigenous evaluation methods to determine drivers of areas for improvement and intervention as well as key factors necessary for programmatic success.

3. DATA COLLECTION

Increase efforts to gather important health markers, such as UACR value, to assess and monitor kidney disease.

4. PROGRAMMATIC

Continue successful efforts in helping patients maintain healthy eGFR values, LDL levels, and blood pressure control, getting patients hepatitis B immunizations, and enrolling patients in commercial tobacco cessation counseling.

5. RESEARCH

Make efforts to investigate contributing factors and prevention strategies for the rising proportion of patients who fall in the “obese” BMI category.

6. DATA COLLECTION

Continue effective efforts to gather health information regarding chronic kidney disease, tuberculosis, and hepatitis C to decrease additional health risks for diabetes patients.

7. DATA COLLECTION

Expand efforts to ensure that patients receive yearly eye and dental examinations.

Map 1. Urban Indian Organizations in Diabetes Audit, 2016–2020



Full brief and more resources

We offer many resources to other urban Indian-serving organizations, decision makers, legislative partners, communities, and more.

www.uihi.org/resources

Information in this resource was gathered from the Indian Health Service Diabetes Care and Outcomes Audit, 2016–2020.

References

1. Indian Health Service. Special Diabetes Program for Indians. Available at: <https://www.ihs.gov/sdpi/>. Accessed November 10, 2020.